John B. Semiannual Progress Report
July 31, 2003
(As Modified August 6, 2003)

Between February 1, 2003 and July 31, 2003, the state has continued and implemented many EPSDT activities. Each child serving state department or division has participated in the EPSDT effort under the guidance of the Governor's office.

Sections of this report and the pages on which they begin are as follows:

Part I: Outreach and Screening, paragraphs 39-52 (page 1)
Part II: Diagnosis and Treatment, paragraphs 53-77 (page 21)
Part III: Coordination, paragraphs 78-83 (page 29)
Part IV: Coordination and Delivery of Services to Children in State Custody, paragraphs 84-93 (page 30)
Part V: Monitoring and Enforcement of MCO and DCS Compliance, paragraphs 94-103, (page 32)

Part I: Outreach and Screening
Paragraphs 39-52

The following chart shows EPSDT marketing submission to the Bureau of TennCare for an approval of dissemination of materials from each of the MCO's for a six month period. The following materials only contain EPSDT information either for outreach or education purposes.

EPSDT Marketing Materials Approved for January 1, 2003 to June 30, 2003:

MCO Name	Document Name	Date Received	Date Approved	Revisions
Better Health	Spring Member Newsletter	01/20/03	02/18/03	Yes
Better Health	EPSDT Flyer	01/21/03	02/18/03	Yes
Better Health	EPSDT Special Event Request	01/31/03	02/18/03	No
Better Health	EPSDT Script	02/07/03	02/21/03	No
Better Health	EPSDT Reminder Postcard	03/25/03	04/09/03	No
Better Health	Summer Member Newsletter	04/24/03	05/09/03	Yes
Better Health	EPSDT Letter	05/07/03	05/20/03	No
BlueCare	1st Quarter Member Newsletter	12/31/02	01/14/03	Yes
BlueCare	EPSDT Inactive Member Letter	01/31/03	02/18/03	Yes
BlueCare	3rd Quarter Contact Letter for EPSDT	01/31/03	02/18/03	Yes
BlueCare	Well Child Outreach Banner	03/27/03	04/08/03	No
BlueCare	2nd Quarter Member Newsletter	03/27/03	04/10/03	No
BlueCare	EPSDT Asthma Intro. Letter	04/02/03	04/17/03	No
BlueCare	EPSDT Transportation Language	04/07/03	05/09/03	Yes
BlueCare	Spanish EPSDT Inactive Member Letter	06/04/03	06/27/03	Yes
BlueCare	Spanish 3rd Quarter Contact Letter for EPSDT	06/04/03	06/27/03	Yes
Doral Dental	1st Quarter Newsletter	04/04/03	04/15/03	No
Doral Dental	3rd Quarter Member	05/14/03	05/30/03	Yes

MCO Name	Document Name	Date Received	Date Approved	Revisions
	Newsletter			
Doral Dental	2nd Quarter Member Newsletter	06/11/03	06/20/03	No
John Deere	Four Seasons Postcards on EPSDT	01/28/03	02/20/03	Yes
John Deere	9 mos. EPSDT Postcard	01/28/03	02/14/03	No
John Deere	Winter Member Newsletter	02/04/03	02/24/03	Yes
John Deere	Adolescent Health Letter	02/13/03	03/11/03	Yes
John Deere	Spring Member Newsletter	05/06/03	05/20/03	No
John Deere	Adolescent Health Postcard	03/11/03	03/25/03	No
OmniCare	EPSDT Quarterly Reminder	03/17/03	04/01/03	No
OmniCare	EPSDT Quarterly Reminder	03/17/03	04/01/03	No
OmniCare	2nd Quarter Member Newsletter	05/20/03	05/21/03	No
PHP	4th Quarter Member Newsletter	02/10/03	04/02/03	Yes
PHP	2nd Quarter Member Newsletter	06/16/03	06/30/03	Yes
TennCare Select	1st Quarter Member Newsletter	12/31/02	01/14/03	No
TennCare Select	EPSDT Inactive Member Letter	01/31/03	02/18/03	Yes
TennCare Select	3rd Quarter Contact Letter for EPSDT	01/31/03	02/18/03	Yes
TennCare Select	Well Child Outreach	03/27/03	04/08/03	No

MCO Name	Document Name	Date Received	Date Approved	Revisions
	Banner			
TennCare Select	2nd Quarter Member Newsletter	03/27/03	04/10/03	No
TennCare Select	EPSDT Intro. Letter	04/02/03	04/17/03	No
TennCare Select	EPSDT Transportation Language	04/07/03	05/09/03	Yes
TennCare Select	Spanish EPSDT Inactive Member Letter	06/04/03	06/27/03	Yes
TennCare Select	Spanish 3rd Quarter Contact Letter for EPSDT	06/04/03	06/27/03	Yes
TLC	Spring Member Newsletter	01/29/03	02/24/03	Yes
TLC	Spring Newsletter in Spanish	02/25/03	03/24/03	Yes
TLC	No Services Within A Year Letter	03/17/03	04/01/03	No
TLC	Summer Newsletter	04/24/03	05/16/03	Yes
VHP	Winter Member Newsletter	02/18/03	03/05/03	No
VHP	EPSDT Mailings	03/20/03	04/10/03	Yes
VHP	EPSDT Postcard	04/16/03	04/17/03	No
VHP	Spring Member Newsletter	05/01/03	05/15/03	No
Xantus	Winter Member Newsletter	01/31/03	02/21/03	Yes
Xantus	Spring Member Newsletter	03/03/03	03/25/03	Yes
Xantus	Summer Newsletter	05/28/03	06/27/03	Yes

MEMBER HANDBOOKS AND ADDITIONAL MARKETING MATERIALS

Member handbooks for distribution to EPSDT enrollees are reviewed on an annual basis for EPSDT compliance by the Marketing Coordinator in OCDC. During this reporting period, the MCOs submitted revised member handbooks and additional marketing materials for review and approval by the Marketing Coordinator and were found to be in compliance.

The following chart shows MCO's EPSDT materials that focus on "at risk" populations. The Bureau of TennCare performed a survey of EPSDT materials available to address each listed "at risk" population. The second portion of the chart shows outside agencies that are available to assist in outreach materials or education to address the "at risk" populations.

Outreach Materials for EPSDT at risk populations as defined by Paragraph 39 (d) in the John B. Consent Decree.

MCO/Organization	Illiterate	Deaf	Blind	LEP
Better Health	Audio tape	TDD Line	Large print and Braille materials	AT&T Translation Services-Spanish Member Handbook-Member Services can interpret in English, Vietnamese, Spanish, Croatian, and Russian
Preferred Health Partnership		TDD Line and KACCD (Knoxville Area Community Center for the Deaf, Inc.)		Spanish Member Handbook and Foreign Language Academy for interpretation and translations
BlueCare and TennCare Select	Audio tapes of member handbook and member orientation video	Video(audio portion) for member orientation-Postcards, brochures and letters	Audio Tapes for member orientation-Braille Member Handbook	Spanish member handbook-EPSDT brochure, postcard
Xantus		Tennessee Relay Service and League for the Deaf and Hard of Hearing	Tennessee Relay Service and League for the Deaf and Hard of Hearing	Language Line Services-Tennessee Foreign Language Institute for interpretation and translations and Spanish Member Handbook

MCO/Organization	Illiterate	Deaf	Blind	LEP
VHP		TDD Line	Braille Member Handbook	AT&T Language Line-Spanish Member Handbook
Doral Dental		TDD Line		Spanish Flyers on EPSDT-Spanish Member Handbook
John Deere	Work with the Homeless Coalition to distribute materials			Bilingual Customer Service Line-Spanish Member Handbook
OmniCare		TDD Line	TDD Line	Language Assistance Line-Spanish Member Handbook
TLC		TDD Line	TDD Line	Language Line-Spanish materials-Spanish Member Handbook
BHO		TDD Line	TDD Line	Interpreters in each county and Translator Services

MCO/Organization	Illiterate	Deaf	Blind	LEP
TNAAP- build upon existing partnership for provider and member education	Video	Video	Video-Audio Portion	Video
Tennessee Homeless Council- builds upon existing partnership for educating the illiterate population.	Shelter Help Line to reach enrollees that do not have a permanent address or phone number		Shelter Help Line	Can reach non-English speaking people that come to the shelter in a crisis situation
Conexión Américas- build upon existing partnership for translation and interpretation services				Translation and interpretation for all information into Spanish
Academy for Educational Development- develop EPSDT into "Insure Kids Now" Program to develop trainer materials				
Coalition for Persons with Disabilities- build upon existing partnership for people with disabilities				
Healthy Start Program- Federal Maternity help booklets for shots and baby care ***This group targets young mothers at risk***	Audio Tapes or computer diskettes	Computer diskette and booklets	Braille and large print of booklets	Booklets in Spanish

TennCare Medical Record Review

Medical Record Reviews were performed at 904 locations during this reporting period to determine compliance with EPSDT screening requirements. Of the 904 locations, 826 were at provider's offices and the remaining 78 sites were health departments. At these locations, the Quality Oversight staff reviewed 4,405 different encounters. An audit tool consisting of the seven components of an EPSDT screen and up-to-date immunization form was used for these reviews. TennCare Managed Care Companies are viewed as independent entities for purposes of sampling for EPSDT medical record review.

Most Managed Care Organizations (MCOs) participated in the medical record audits of their enrollees' records, with the assistance of the staff of Quality Oversight Division of TennCare. This collaboration has enabled the staff of the MCOs to obtain a better understanding of the audit process and be more aware of the components the state reviews.

Upon completion of the audit, the team shared with the provider or his/her staff what was found during the process, whether it be pluses or minuses. This lends new information and ideas that can be shared with other providers to improve screening rates.

The scoring of this data will be shared with the MCOs so they can review the scores of individual providers and share this information with providers as well as use the information for training and outreach purposes.

Homeless Contract

The Contract between the Bureau of TennCare and the National Health Care for the Homeless Council was amended in July to include the following EPSDT outreach activities:

- Collaboration with TennCare and the Department of Health to develop and distribute the EPSDT information materials targeted to eligible homeless families to effectively inform about the availability of services, specific EPSDT screening and treatment for services.

- Coordinating and conducting regional EPSDT "train the trainer" sessions for shelter staff and homeless service providers.

- Providing a Shelter Help Line number which families can use to obtain information about EPSDT services available and how to obtain them, as well as availability of scheduling assistance and necessary transportation.

Department of Health

EPSDT screenings continue to be a routine component of all local health department clinics statewide. The service includes: assessment of each eligible child's need for a screening; education of the parent or guardian; outreach; and advocacy. When eligible children present for other health department services, such as immunizations and WIC, they are regularly offered EPSDT screenings. Department of Health EPSDT Screenings from July 1, 2002- June 30, 2003 are in the attached chart. **(See Attachment A).**

In this period of the Semiannual Report, the Department of Health began screening all children in DCS custody in order to enable DCS to document the completeness of screens for their population.

EPSDT Dental Activities

Dental- TennCare

According to the annual audit of the MCOs, all eight met the standard for providing a proper referral of an enrollee to a dentist for an oral examination in accordance with the periodicity schedule by age three. Covered dental services under TennCare rules and guidelines include preventive, diagnostic and treatment services to enrollees under age 21. Procedures defined by CDT-4 codes are covered for children as medically necessary.

Prior to the dental carve-out, the last HCFA 416 report for fiscal year 2001 was 38%. Based on encounter data, it is now estimated that dental access for children ages 3-20 in the first nine months of the dental carve-out from October 1, 2002 through June 30, 2003 has risen to 48%. Furthermore, the dental provider network has almost doubled over the same period and approximately 80% of participating providers are accepting new patients.

The Oral Health Plan embarked upon by TennCare has proven to be extremely successful and includes oral disease prevention and dental care components:
Prevention and care occur through dental benefits management by a single DBM, Doral Dental, effective October 2002;
School and Community-based oral disease prevention occurs through a partnership between the Bureau of TennCare and the Tennessee Department of Health focusing on statewide dental screening, referral, follow-up, sealant, oral health education, oral evaluation and outreach program for children at high-risk for developing oral diseases begun in July 2001.

Department of Health

EPSDT DENTAL ACTIVITIES

The efforts begun in the spring of 2001, to improve access to dental services for low-income Tennessee children, have continued. Over the last fiscal year, the Bureau of Health Services of the Tennessee Department of Health (TDH) has continued to expand its dental program. Specifically, clinical dental programs were enhanced through one-time special needs grants; preventive dental services are now provided statewide through a contract with TennCare which funds the School Based Dental Prevention Program; and at this time two mobile dental clinics are providing comprehensive dental services to children in remote underserved areas.

Dental special needs grants were awarded to 22 counties. These one-time funds were used for renovation or upgrading existing dental facilities and for new dental construction. Projects have been completed in 15 of the 22 counties. They are: Cannon, Cocke, Cumberland, Hamilton, Hawkins, Lewis, Lincoln, Monroe, Polk, Putnam, Rhea, Shelby, Sumner, Sevier, and Washington. The remaining counties of Blount, Grundy, Hamblen, Montgomery, Morgan have facilities under construction and are to be completed by the spring of 2004. Loudon County's new health department is at the architectural design stage. Jefferson County was not able to proceed with construction of a dental operatory and as a result has returned their grant funds to the State.

School based dental prevention services are being delivered in all 13 regions. Table I below represents statewide data for this fiscal year. This year, 102,753 children had a dental screening up 10% from last year. From these screenings, a total of **30,690** children with unmet dental needs were referred for care. This is a referral rate of **30%**. A total of 215,775 sealants (80% increase over last year) were placed this year on a total of 40,788 children (75% increase over last year). Also, 35,466 TennCare children received a comprehensive oral evaluation by a licensed dentist this year representing a 134% increase over last year. This past year, **127,111** children received oral health education programs at their schools by a public health dental hygienist representing a **47%** increase from last year.

The school based dental prevention program is designed to target preventive services to schools with 50% or more free and reduced lunch population. Table II presents by region the number of schools qualifying and the number of those receiving preventive services. Based on this data, 41% of the targeted schools received services this year.

Oral Disease Prevention Report
July 1, 2002 Through June 30, 2003

Table I

Program	Number of Schools	Number of Teeth	Number of Recipients
Dental Screening			
General	297		102,753
Referred for Treatment			**30,690**
Periodic Oral Evaluations			35,466
Dental Sealants		215,775	40,788
Oral Health Education			**127,211**

Table II
July 1, 2002-June 30, 2003 Target Schools

Region	# Target schools	#Target Schools Receiving Services	# Total Schools
NER	62	23	26
ETR	114	38	38
SER	50	22	22
UCR	47	43	45
MCR	24	24	29
SCR	40	20	20
WTR	93	32	32
SULLIVAN	14	7	7
KNOX	17	13	13
HAMILTON	24	17	20
DAVIDSON	60	26	26
MADISON	14	2	2
SHELBY	139	17	17
TOTALS	**698**	**284**	**297**

Staffing: Currently, staffing for the school based sealant project is at **90%**. This is an increase from 78% in December 2002.

Mobile Dental Clinics: Two mobile dental clinics purchased by the Bureau of Health Services of the Tennessee Department of Health have been operating this year in an effort to provide access to dental services for high risk children in underserved areas. These are located in Mid-Cumberland and in Northeast. A third mobile is to be delivered the middle of July, 2003 to West Tennessee. This fiscal year, 11 school sites were visited by the mobile dental clinics. A total of 364 individual patients were treated and 1,886 dental services provided totaling a dollar value of $115,151. The mobile dental clinic belonging to Mid-Cumberland is having a teledental link installed in July, 2003. This will allow, via satellite link, the dental staff to obtain specialty consults for children in

rural areas. The children will be seen in the mobile dental clinic at their school and simultaneously be seen through teledental capabilities by the dental faculty at the University of Tennessee Dental School.

Data Management: All regions are using an Access data program to submit school based dental prevention data to the central office. July 1 all statewide dental data entry and submission was incorporated into the Access data program. This will track all statewide dental programs. All data will be submitted monthly.

Tennessee Chapter of the American Academy of Pediatrics (TNAAP) Activities

TennCare has a contract with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP). The primary purpose of this contract is to improve compliance with the EPSDT screening requirements and associated screening performance standards. TennCare's relationship with TNAAP provides an ongoing forum for discussion regarding barriers to delivery of EPSDT services and potential solutions. TNAAP's activities include training primary care physicians about the required EPSDT components, the associated performance standards and correct coding. TNAAP has also provided TennCare feedback on the physician EPSDT chart audit process.

Key TNAAP Activities February 2003 through July 2003 include:

- Continued promotion of EPSDT chart documentation forms that have been proven to significantly improve audit scores

- Developed educational materials including:
  - a brochure outlining EPSDT and coding educational services available through TNAAP;
  - an EPSDT manual describing the requirements of each component of the exam;
  - a packet of sample chart documentation forms;
  - a booklet about pediatric coding including EPSDT coding.

  (**See Attachment B** for samples of educational materials).

- Hired and trained a Coding Educator who is distributing educational materials and providing training programs to primary care physicians.

- Made contact with pediatric and family practice offices across the state through office visits and/or training programs at 50 sites in various parts of the state.

- Participated in two physician audits with TennCare Quality Oversight staff and provided written feedback report.

- Ongoing dialogue with individual physicians, health department representatives and TennCare representatives regarding issues associated with the provision of EPSDT services in health departments.

- Publishing EPSDT educational information in newsletters on topics including:
  - announcement of the dental "carve-out"
  - the availability of free dental information referral sheets providing information on how to access a dentist and oral health handouts from Doral Dental;

- information about how to access the "Implementation Team" and accessing behavioral health service for children in, or at-risk of, state custody;
- the requirement that children in custody receive EPSDT screens at the health department;
- the re-introduction of "Medical Passports" provided by the health department and how to order a free supply;
- how to obtain newborn metabolic screening records if you were not the pediatrician at birth;
- availability of free HIPAA training from CMS; and
- how to access neonatal consultations, referrals and transports in middle Tennessee

(**See Attachment C** for sample newsletters).

- Dialogue with the Special Master regarding EPSDT issues from the primary care physician perspective.

- Participation in cross-functional work groups conducted by the state including the MCO/BHO Medical Directors meetings, EPSDT workgroup meetings and TC and Children Work Group meetings.

- Providing ongoing feedback to TennCare about barriers to the delivery of EPSDT services and potential alternatives (examples of suggestions made include: reducing "hassle factors" so PCPs can schedule more EPSDT visits, implementing a single formulary, a single source for filing claims, expanding the specialty network by identifying key codes for increased payment, fostering a more "collaborative" spirit in conducting EPSDT audits and encouraging health departments to refer patients to PCP for EPSDT exams when PCP request this).

- Serve as a resource to TennCare on national coding trends and national standards related to pediatric care.

- Dialogue with other physician professional societies, (most actively with the Tennessee Academy of Family Physicians) regarding EPSDT education.

TNAAP EPSDT Forms

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) has developed EPSDT documentation forms for use in physician offices. These forms were developed with input from TennCare managed care organizations, the Tennessee Department of Health and the TennCare Quality Oversight Division. Use of these forms should prompt the appropriate components of the screen for each age group and, if each section is complete, will appropriately document the chart from a state audit perspective. In addition, improved documentation of EPSDT screens should increase reimbursement to providers and improve Tennessee's EPSDT compliance rates.

The forms will be distributed to providers as follows:

	Action	**Status**
1	TNAAP will mail members a copy of the forms and notify them they will also be posted on the web site.	*
2	TNAAP will distribute the forms to the MCOs and will encourage their use of the forms.	Complete (and ongoing)
3	The forms will be posted on the TNAAP web site.	Complete
4	The forms will be posted on the TennCare web site.	Complete
5	TNAAP will do a newsletter article about the forms and explain that they are posted on the web site.	Ran in winter 2002/2003 newsletter
6	TNAAP will contact TAFP and ask them to run the article or a similar announcement.	**
7	TNAAP will contact TMA and ask them to run the article or a similar announcement.	To run in July 2003 issue **
8	TNAAP will promote and distribute the forms through the educational programs to be conducted in physician offices.	Currently being distributed
9	The TennCare Quality Oversight Dept. will promote and distribute copies of the forms throughout the audit process.	Currently being distributed

** On hold – considering using budgeted funds to send to FPs or other distribution as forms have been so heavily promoted already with pediatricians.*

** Activity in process. Also, TNAAP will have booth at TAFP annual meeting in Gatlinburg in the fall of 2003 and forms will be on the display table.

TNAAP EPSDT and Coding Educational Initiatives February through July 2003

Introductory Visits

Type of Office	Number of visits completed	Estimated Combined number of physicians in practices	Location(s)
Pediatric offices	22	85+	Lebanon, Goodlettsville, Chattanooga, Cleveland, Knoxville, Maryville, Nashville, Johnson City Sweetwater, Maryville, etc.
Family Practice Offices	8	15+	Athens, Johnson City, Nashville, Madisonville
Total	30	100+	

Expanded Visits/trainings

Type of Visit	Number of visits Completed	Estimated Number of participants	Locations/Comments
Expanded intro visits (met with member of practice and had discussions about EPSDT, reviewed materials, obtained info requiring follow-up, etc.)	7	34+ (number of physicians at practice)	Nashville, Lebanon, Johnson City, Goodlettsville, Maryville, Chattanooga
Pediatric Society meetings	1	25	Knoxville
Mock EPSDT audits	1	11	Johnson City
"Lunch and learn" with pediatric office	1	8	Athens
"Lunch and learn" with residents	1	10	FP and pediatric residents at UT Knox
Formal training presentation	2	30+	Customized 2 and ½

Type of Visit	Number of visits Completed	Estimated Number of participants	Locations/Comments
at physician offices			hour training for practices with 7 locations in Nashville area, and Customized 5 hour training for practice in Chattanooga
Presentation to pediatricians on staff at hospital	1	8	Methodist Medical Center in Oak Ridge
Total	14	122+	

Regional Trainings
(Sessions where multiple physicians and/or office staff are invited to training session in their regional area)

Forum for sessions	Number of sessions completed	Number of participants	Comments
Chattanooga Pediatric Society Picnic	1	10	Low attendance – may have been due to flooding that had recently occurred in area
TNAAP Practice Manager Network Meeting (Nashville)	1	50+	Attendees from all across the state
Total	2	60+	

Other

Type of Activity	Number completed	Locations/Comments
EPSDT audits with TennCare	2	Participated in two entire audits – one in Columbia, TN and one in Lebanon, TN. Provided written feedback report to state on audit process.

Department of Children's Services

By contract, TennCare Select is required to provide outreach to its enrollees, which includes children in the custody of the Department of Children's Services. (DCS)

DCS supplements the EPSDT outreach provided by TennCare Select to children and families involved with DCS, and works with TennCare and TennCare Select to improve EPSDT outreach to DCS populations. To improve the outreach conducted by TennCare and TennCare Select, DCS has made the following changes to its system:

- DCS has now provided TennCare Select with a list of addresses for all DCS contract facilities. As of 06/27/03, two hundred eighty (280) DCS contract facilities had been sent 2 copies each of the TennCare Select member handbooks which includes EPSDT outreach material approved by TennCare.

- To improve TennCare and TennCare Select's ability to complete EPSDT outreach to children and youth who leave DCS custody, DCS instituted changes to its TNKIDS computer system so that case managers would input forwarding addresses. These forwarding addresses are sent to TennCare and to TennCare Select daily. If these children's names are submitted without an address, DCS Health Advocacy Unit manages a data clean up process to ensure that corrected addresses are submitted. In a TNKIDS programming change scheduled for this fall, the TNKIDS system will force the case manager to enter the youth's forwarding address.

- DCS is currently working to ensure that every foster parent or pre-adoptive parent receives a TennCare Select member handbook during foster parent or pre-adoptive parents training classes

- A new foster parent database is under development at DCS that will include all persons who have applied to become DCS foster parents. This database will be used to notify TennCare Select of all possible foster parents so that outreach materials can be sent directly to the foster parents. This database is due to be completed this fall. In the interim, DCS is developing a list of all current DCS foster parents to submit to TennCare Select.

- Distributing TennCare Select newsletter by email to DCS case managers.

In addition to the above efforts to improve outreach to DCS populations, DCS has sent one hundred and seven (107) youth aging out of custody and their case managers brochures encouraging EPSDT services and explaining how a youth can keep their TennCare benefits. These brochures were developed with the input of TennCare, advocates, and plaintiffs' counsel.

On August 2, 2003, DCS Health Advocacy will speak about EPSDT at Regional Foster Parent meeting.

DCS currently requires DCS Health Advocacy Units to collect information on any youth in DCS custody who does not show TNKIDS documentation of a timely EPSDT. Using TNKIDS data, every child whose EPSDT is past due is listed on an excel spreadsheet. This spreadsheet is sent to the regional Health Units, who meet with the individual case mangers to determine the reason the EPSDT was undocumented. DCS Central Office Health Advocacy Unit then compiles this information and submits it back to the Regional Administrators and Health Units so that further outreach can be accomplished by follow up with the case manager.

DCS has recently required all case managers to undergo additional EPSDT training.

As of March 31, 2003, 91% of all children in DCS' legal custody had been taken for an EPSDT screening. This is a percentage of all children in custody, including those who are not members of the *John B.* plaintiff class and those who were on runaway from DCS custody.

Part II: Diagnosis and Treatment Paragraphs 53-77

TennCare Centers of Excellence

The three Centers of Excellence for Children (COEs) in State Custody are now fully operational and during the past six months have taken on an increasingly active role in evaluating children who are at risk of or in state custody. The three COEs are located at East Tennessee State university (ETSU), the University of Tennessee at Memphis (UT-M) and Vanderbilt University (VU). The primary activity of the COE is to provide comprehensive, multi-disciplinary assessment/diagnostic, consultation and referral services for children in, or at risk of state custody. A significant aspect of these services is the triage of cases to determine if the referral constitutes a need for additional diagnostic/assessment services. The cases are complex and required a significant amount of consultation time and case review . The COEs are also involved in outreach and training of DCS staff and other key personnel.

East Tennessee State University

During the past six months the COE at ETSU became fully operational, having initiated services in August, 2002. While ETSU has experienced some staff turnover at the social work and secretarial level, other staff absorbed some of the duties, or staff were hired on a temporary basis. The staff now consists of a

director, who is also a Board certified Psychiatrist, a Board certified staff psychiatrist, a licensed clinical psychologist, and a pediatrician who is retained at the level of a 0.15 FTEs. Through June, 2003, over 101 children have been served by the COE at ETSU, with 57 children served during the period of January 1, 2003 through June, 2003. Frequent staff activities include extensive case consultations and conferences with DCS staff in field offices; follow-up on recommendations to providers, telephone and crisis consultations; participation in administrative TennCare appeals, and professional training such as the recent conference, Diagnosis and Treatment of Traumatized Children.

Examples of several cases seen by the COE ETSU, and outcomes include:

- A 15 year-old female with severe Bipolar Disorder and Borderline Personality traits who reverted to her self-injurious behaviors while being treated at a Level 3 residential treatment program. After stabilization at a Level 4 facility with the consultation of the COE Director, a plan was constructed for transition to a Level 3 Therapeutic Foster Home working collaboratively with a therapist trained in Dialectic Behavior Therapy to ensure a successful transition to the community while minimizing the risk of relapse.

- A 16 year-old white female with a serious eating disorder, seen first during the first quarter of the COE's existence, who was placing herself in medical danger as a result of her food restriction, over-exercise, and binging/ purging. The COE and the Health Unit collaborated over a period of eight months in a series of service plans which included obtaining treatment in a specialized eating disorders program out of state, then transitioning to a therapeutic foster home, and finally now being served as an outpatient in a regular foster home through one of the DCS continuum providers.

- A 6 year-old male and a 12 year-old female Mexican-origin siblings who were placed in state custody as a result of their parents being apprehended in drug trade activities and deported along with some of their siblings. The children remained in custody as a result of multiple medical needs of the younger boy and allegations of sexual abuse by the older girl. The children with indeterminate permanency planning, with the foster mother developing an increasing attachment to them while not addressing their cultural identity needs. The COE Director, with his expertise in Latino child mental health issues, has been involved at a number of levels with this case. This has included guiding the foster mother towards a more culturally competent raising of these children (with more contact with the Latino community in their region) and moving the investigation of the appropriateness of placement of the children either with relatives in the U.S. or their natural family in Mexico. The latter has involved correspondence with specific requests for investigation by the Mexican counterpart agency (the Desarrollo Integral de la Familia or DIF) and contacts with the Mexican consulate in Atlanta

to move the investigations along. We anticipate that a resolution of their long term status can be reached by the next quarter.

- 14-year-old white male who had been in DCS custody for 18 months and over that time period had 9 different foster home placements and different foster and 20 major incident reports for aggression. The current continuum provider was strongly recommending residential treatment. A COE consultation conference was scheduled and the recommendation was for immediate and intensive psychiatric evaluation and treatment. The Center of Excellence psychiatrist was able to schedule this patient for the very next working day and implemented treatment that averted residential treatment and resulted in an accurate diagnosis of mood disorder secondary to seizures and effective treatment with a therapeutic dose of an anti-epileptic. Reports from DCS suggest that the patient has achieved a degree of stability not previously observed during his coming into state custody.

- 14-year-old white female, who is a non-custodial case referred to the COE for consultation by her CTT intensive based case manager because of frequent psychiatric hospitalizations. Her longest period out of the hospital was three weeks. She engaged in frequent self-injurious behaviors and aggression toward others in the home and school settings. She was placed on probation for assault on her mother. The COE facilitated residential treatment and she has been subsequently successfully transitioned back to her family.

University of Tennessee-Memphis

Since January 1, 2003, the COE at UT-Memphis (Boling Center) has completed 69 Record Reviews with Care Plans, seen 50 different children face-to-face at the Center (some seen by more than one discipline), and held 137 tele-health sessions for evaluation, medication management, and some therapy.
In many of the cases, the staff of the COE did not feel it is necessary to complete a face-to-face evaluation. For these cases, it is more efficient to complete a thorough record review, have a multi-disciplinary team staffing, and write a specific Care Plan. Often these Care Plans have been as valuable to the DCS staff in the treatment and placement planning process as Care Plans written following a face-to-face evaluation.

Since February, 2003, the COE at UT has presented 143 training sessions, for over 30 hours, with over 500 participants. Topics range from training foster parents through diagnostic and treatment issues with various disorders.

Here are several vignettes illustrating the services delivered by the COE at UT-Memphis:

- Jimmy is a 5-year old child who was placed in DCS custody following significant physical abuse. He received psycho-educational and speech-language evaluations and an audiology screening at the COE due to reported concerns. Jimmy was diagnosed with impairments in language and articulation skills, possible hearing loss, and average intellect. Recommendations for individual and family counseling were made. He was referred to an otolaryngologist who recommended surgery as soon as possible due to dangerous fluid build up on the ear drums. The surgery was completed and Jimmy is receiving counseling services.

- Wanda is a 17-year old female in DCS custody with a history of sexual and physical abuse, behavior problems and suicide attempts, and treatment for cleft palate, awaiting additional surgeries. She received a psychiatric evaluation at the COE due to concerns about her delusion of being pregnant. It was determined that Wanda was not delusional, though other diagnoses were appropriate. Recommendations were made regarding therapy and placement in a well-structured treatment facility due to risk-taking behavior, including running away, drug abuse, and sexual promiscuity. Additionally, she was referred to, and seen by, the UT Cranial-Facial Anomalies Clinic, for assistance in getting appropriate treatment.

- During a DCS sponsored Foster Care Training session at which the COE staff made a brief presentation, a foster parent who appeared to be a strong advocate for her foster children requested an evaluation for behavior problems for the two children, who are siblings. The children had witnessed severe family abuse and had been moved numerous times across the country. With the help of the DCS case manager, the children were provided with psychiatric evaluations and a plan for care. The family reported that the diagnosis and treatment plan greatly assisted them in locating appropriate psychotherapists for the children within their community. We understand that adoption is being pursued.

- A 15 year old female, at risk of state custody due to school truancy, was referred to the COE. A psychiatric evaluation identified significant symptoms of depression and post traumatic stress disorder following a sexual assault which had occurred in the previous year. The parent became highly motivated for treatment once he understood some of the behavioral responses to such trauma. He and his daughter began outpatient counseling immediately.

- A 7 year old boy entered DCS custody for the second time due to physical abuse and neglect. Due to severe behaviors including aggression and sexual acting out, the child had been moved 5 times in 11 months (including one psychiatric hospital admission) and had been placed on numerous medications. Nurse practitioner and mental health providers expressed frustration with the lack of progress. After obtaining a full history and consulting with all involved parties, the COE provided

specific recommendations regarding placement (therapeutic foster home rather than residential care) and medication regimen. In addition, specific guidelines were provided to protect both the child and other children in his school setting with regard to potential sexual harassment issues.

Vanderbilt Center of Excellence for Children in State Custody

Since January 1st 2003 the Vanderbilt Center of Excellence (COE) has triaged 141 calls from the Department of Children's Services, regional Community Service Agencies, advocates, parents and community providers and has provided services to 205 children. The COE's triage function has been effective in providing those who care for children in, or at risk for, state custody with important access to clinical expertise as they work through situations of children in crisis, complex medication questions and of how to access hard to find community resources. The complexity of these cases means that a triage rarely ends with one phone call and often times involves conversations with multiple specialists, facilities, family members, etc.

Face-to-face evaluations account for 111 of the children served since January 1st of 2003, with 41 psychiatric evaluations, 12 clinical interviews and 58 psychological evaluations involving formal testing. Approximately 45 children are currently being followed for medication management through the COE's psychiatric services in order to provide an initial evaluation as well as follow-up for complex situations. Often medication management involves issues related to polypharmacy and reducing inappropriate prescriptions as well as initiating an appropriate treatment regimen. The COE augments services with its expertise in this area, per their contracts.

K.C. came for an evaluation in relation to an increase in behavioral acting out following her placement into a new foster home. She was guarded and resistant to treatment with her therapists and not making progress. Information gleaned from the evaluation and consultation with her primary therapist helped us formulate a different treatment plan and therapy approach that better fit her needs. At last report, her therapist described a great deal of improvement in her therapy progress and a reduction in disruptive behaviors.

In addition to its face-to-face services the COE provides consultation through weekly, regional, on site case reviews and with the addition of as needed staffings for more complicated cases. Since the last reporting period the COE has participated in 47 case reviews and 12 staffings. An example of an "as needed staffing" is represented in the following example provided by DCS's South Central Health Unit.

The Vanderbilt Center of Excellence (COE) traveled to Perry County for a special case review of a sibling group of eight children who had entered the custody of the Department of Children's Services (DCS). The case had proven to be especially difficult for DCS staff due to the large number of children and the extraordinary circumstances surrounding their situation. Members of the COE team who attended the three hour review included the COE psychologist, nurse practitioner, social worker, and a Vanderbilt Resident doing a rotation with the COE. In addition, a variety of DCS staff participated in the review. The COE was quite helpful in bringing all of the complex dynamics of the case to the table for discussion. As the children ranged in age from toddler to teen, the needs of each individual child, though linked in many ways, were each unique. The COE was able to recommend both community resources as well as services it could offer directly from its clinic. The recommendations were made for the individual children but the COE was able to provide guidance on tying many of the recommendations together for the children as a sibling unit. DCS staff were quite pleased with the outcome of the review and appreciate the immense guidance offered by the Vanderbilt COE. It has made a tremendous difference in the case and the quality of care DCS has been able to provide these children.

In addition to clinical services, the COE provides training opportunities and engages in outreach through site visits. Since January the Vanderbilt COE has conducted six training events. The targeted audience is primarily DCS staff. Topics range from child abuse and maltreatment to the treatment of sexually reactive children.

On Tuesday June 24th, for the first time, the entire statewide staff of the Department of Children's Services Special Investigators Units gathered together. For 3 hours, over the course of the afternoon Dr. Christopher Greeley reviewed the spectrum of child physical abuse. The topics included child neglect, burns and bruises, fractures and "Shaken Baby Syndrome". The in-service included warning signs to look for, as well as risk factors of child maltreatment. The members of the Special Investigators Unit asked questions of Dr. Greeley and complex cases were discussed as to their medical information.

Implementation Team

The Implementation Team (IT) received 116 case referrals between January 1, 2003 and June 30, 2003. In addition, the Implementation Team had six cases of complex dually diagnosed mentally retarded/mental health/developmentally disabled children that remained active and were carried over from 2002. The IT presently has nine active cases.

Except as noted below, the IT was able to assist in securing services for children by working with the BHO, providers, the court system, and the Department of Children's Services (DCS).

Five children came into custody after referral. One child came into custody due to felony charges and not due to lack of services. One child came into custody because of non-custodial placement issues. In three cases, there was a 24 hour time line between referral to the IT and the court hearing so that there was essentially no time for the IT to collect information and assist in development of a treatment plan. In 2 of these cases, the provider had not even made a request for services to the BHO and court was not willing to allow any further time. The IT was subsequently able to get the third child released from custody and appropriately placed through a Letter of Authorization.

Between January 1, 2003 and June 30, 2003, the IT wrote 44 letters of authorization to secure services for children.
Twenty (20) letters were for psychiatric residential treatment
One LOA for sex offender specific Residential Treatment Center (RTC)
One for specialized placement for a dually diagnosed autistic/MHDD child
Three letters were for residential alcohol and drug rehabilitation
Nineteen (19) letters were for dually diagnosed MR/MHDD children (5 For Youth Villages CHOICES program in biological home; 3 for CHOICES program in a professional support home; and 11 for continuation of CHOICES services following a previous LOA expiration)

Summary:

- One hundred sixteen referrals with six carried over from 2002 for total of 122 cases in 2003 thus far:
- Five were in custody at time of referral and five entered custody after referral
- Two were removed from custody through the efforts of the IT
- One child was not a BHO issue and was referred to Tenncare medical director's office
- Forty four (44) LOAs (20 for dually diagnosed children and 11 for continuation of services for MR/MH children)
- Nine active cases
- Sixty eight received services through the coordinated effort of the IT with other entities

The Implementation Team has continued to identify systems issues and barriers to care. These have been presented to the Children's Cabinet.

Mental Health: Youth Villages Specialized Crisis Services for Children and Adolescents

The Department of Mental Health and Developmental (TDMHDD) in conjunction with AdvoCare of Tennessee reviewed proposals from providers all across the state of Tennessee in order to determine which children and youth services needed to be enhanced or developed to best meet the present needs.

Several existing treatment programs were enhanced and several treatment programs were developed. Over all there were a total of six sex offender treatment programs, four co-occurring mental health and substance abuse programs and three dual diagnosis mental health and mental retardation programs that were developed or enhanced. There was also one state wide specialized crisis services program developed to provide specialized crisis services for children and youth residing in the state of Tennessee.

Youth Villages began providing enhanced specialized crisis services on June 1, 2003 for children and adolescents ages eighteen and under. This service is offered to children/adolescents in the state of Tennessee experiencing a psychiatric emergency regardless of insurance benefits. Youth Villages has specially trained child/adolescent crisis counselors strategically placed throughout the state to be available 24 hours a day, for the purpose of providing crisis response and assessments in the child/adolescent's natural environment. Crisis counselors stay with the family for the duration of the crisis focusing on de-escalating the situation. They thoroughly assess the child's history, factors that may have initiated the crisis and ways to avoid future crisis. Mandatory pre-screeners are available for evaluation of involuntary inpatient treatment as necessary. Youth Villages also provides crisis respite services when appropriate, and on going intervention until appropriate treatment services are secure.

Specialized crisis services for child/adolescent can be accessed by calling the Youth Villages teams directly or by a transfer from the adult crisis teams. A memorandum was sent to all AdvoCare of Tennessee providers on June 3, 2003 explaining Youth Village's role in providing child/adolescent crisis services. Youth Villages and the adult crisis teams continue to coordinate/collaborate crisis services and community resources to ensure the best quality care for each individual and his/his family. Also, Youth Villages has provided and will continue to provide outreach, education and coordination to community providers who may need to access child/adolescent crisis services.

Department of Children's Services

DCS has billed TennCare for Targeted Case Management (TCM) for custody children based on unique Tnkids personal identification and it included 10,566 children from Jan 2003 through May 31, 2003.

DCS has billed TennCare for TCM for non-custody children based on unique Tnkids personal identification and it included 11,117 children from Jan 1, 2003 through May 31, 2003.

Part III: Coordination
Paragraphs 78-83

There are currently two vehicles that can be used and have been used -- when needed-- for interdepartmental coordination on EPSDT. One is the Children's Cabinet, chaired by Tam Gordon from the Governor's Office. The 13-member Children's Cabinet, which consists of commissioners whose responsibilities include providing services to children, and child advocates, was established by Executive Order on March 18 2003. It is charged with coordinating and streamlining the state's efforts to provide needed services to children living in Tennessee. The second is a weekly meeting of Commissioners on TennCare issues with Tam Gordon and Commissioner Goetz of the Department of Finance and Administration.

With respect to the specific agencies mentioned above, TennCare has a Title V agreement with the state health agency, the Department of Health, which addresses MCH and CSS services, as well as services offered by some other agencies such as DCS. (Children's Special Services is the new name for the agency that used to be called Crippled Children's Services.) The Department of Health also manages the WIC program and makes these services available to eligible TennCare enrollees. TennCare eligibility determinations are done at the Department of Human Services, which enrolls applicants in social service programs for which they may be eligible. There is a formal IDEA agreement among all the child-serving departments that is administered by the Department of Education. TennCare has initiated two new projects with the schools in recent months. One, the Medicaid Administrative Claiming project, will allow school systems to be reimbursed for EPSDT outreach services they provide. The second will allow payment for TennCare services delivered to IDEA students. Both projects are awaiting approval from CMS.

Part IV: Coordination and Delivery of Services to Children in State Custody Paragraphs 84-93

DCS has the responsibility for the care and protection of children in state custody. The challenge of delivering DCS provided services as well as coordinating the delivery of other needed services has been recognized in the John B. consent decree and the performance of these tasks is one in which DCS is committed to improving.

A fundamental way DCS ensures that needed services are provided to a child in custody, is to create a permanency plan for each child, which contains crucial information for those responsible for coordinating the care of the child. The primary purpose of a permanency plan is to provide a "road map" for how the child will achieve permanency, such as reunification with the family, placement with a relative, or adoption. Permanency plans are required by DCS policy to include providers name and contact information as well as any known health care needs of child.

The permanency plans are ratified by the juvenile court, reviewed by foster care review boards made up of judicial appointees, and updated on a set schedule pursuant to statutory requirements. To improve DCS' ability to provide the necessary care, coordination, and follow up, DCS has revised EPSDT policy to clearly direct inclusion of EPSDT results in permanency plan. In addition, DCS has recently included changes to the permanency plan template to ask the case manager whether the results of the EPSDT screening were included in the plan. In addition, letters from the Department of Health confirming whether all seven components of the EPSDT were completed will be attached to permanency plans. It is expected that with these improvements, necessary health care treatment will be a more integral part of the permanency planning process and that follow up care will be reviewed by juvenile judges and foster parent review boards.

In addition, DCS policy now requires DCS Health Unit nurses to receive copies of all Department of Health EPSDT letters that indicate a child needs follow up care. The health unit nurses track these letters and follow up with the case manager to ensure that the care is completed.

Beginning June 21, 2003 DCS implemented improvements to DCS TNKIDS system so that all seven components of EPSDT can be tracked. Because of these new capabilities new EPSDT reports will be generated in the next few months. DCS will continue to track the numbers and percentages of children who have been taken for EPSDT screenings.

At the suggestion of the Special Master, DCS now includes all children in DCS custody regardless of their TennCare or *John B.* plaintiff class status when

reporting EPSDT figures. As of March 2003, 91.59% of all children in DCS custody had been taken for EPSDT screenings and 8.41% were not taken for their EPSDT screening.

Of the 8.41 % children not taken for their EPSDT screening:

- 3.34% had been in custody less than 30 days, and by DCS policy were not yet overdue in obtaining an EPSDT screen.
- 1.32% were late for their initial EPSDT screening, and
- 3.75% were late for their annual EPSDT.

Additional information about children not taken for their EPSDT screening includes:

- 2.08% were on runaway,
- 0.32% were being held in detention facilities, were not eligible for TennCare, and therefore not in the plaintiff class
- 0.28% were delinquent youths in DCS Youth Development Centers (YDC), were not eligible for TennCare, and therefore not in the plaintiff class.

In previous reports, DCS' EPSDT figures were higher because the number of youths in YDCs, detention, on runaway, or in custody less than 30 days was not included when calculating the percentage.

DCS is currently revising policies and procedures dealing with protection from harm, including, restraint and seclusion as well as the use of psychotropic medications. Review and revision of seclusion, restraint, and psychotropic medication policies was mandated by the *Brian A.* Settlement Agreement. DCS created workgroups to review and revise these policies, which included: national child welfare and mental health consultants, psychologists, nurses, psychiatrists, representatives of DCS contract providers, representatives of other state agencies, and DCS personnel from several departmental divisions. The workgroups have done an exhaustive review of national standards and best practices, have drafted policies based on this review, and are continuing to finalize those policies. These policies will be subject to the approval of the Technical Advisory Committee of the *Brian A.* Settlement Agreement.

Part V: Monitoring and Enforcement of MCO and DCS Compliance Paragraphs 94-103

TennCare

The TennCare Office of Contract Development and Compliance (OCDC) completed the following activities related to Part V, Monitoring and Enforcement of MCO and DCS compliance, during the Semiannual Report period:

QUARTERLY UP-TO-DATE LIST OF SPECIALISTS

MCO is required to provide each primary care provider participating in the EPSDT program an up-to-date list of specialists to whom referrals may be made for screens, laboratory tests, further diagnostic services, and corrective treatment.

During this period (4th Quarter 2002) all MCOs submitted proof of documentation to TennCare of the updated list of specialists along with proof of timely mailing with the exception of Universal Care of Tennessee, which is no longer a TennCare MCO. Since Universal Care of Tennessee has terminated its contractual relationship with TennCare and the company is in process of being liquidated, OCDC is in process of applying this assessment to Universal.

However, during 1st Quarter 2003, OCDC assessed liquidated damages to five (5) MCOs (J. Deere, OmniCare, Preferred Health Plan, Universal Care of Tennessee and VHP Community Care) in the amount of $26,000 for late submission of this deliverable.

REVIEW OF MCO TRANSPORTATION PROVIDER AGREEMENTS

During this period, OCDC reviewed and approved the transportation agreement for VHP Community Care.

Within this same period, OCDC has investigated several complaints from various locations (Davidson, Weakley, and Shelby Counties) across the state regarding transportation problems. OCDC investigated the complaints by means of issuing an On-Request Report. The Davidson County transportation problem was caused by the closure on May 30, 2003 of the Davidson County Community Resource Agency (DCCRA - a transportation provider). All of DCCRA transportation responsibilities were transferred to the Mid-Cumberland Community Services Association (MCCSA). The MCCSA had about a 60 day advance notice that they would be absorbing all of the DCCRA transportation

business. However, despite all of their planning, coordinating and staffing up with new personnel and computer equipment problems were still encountered on the first days of business, June 2, 3, and 4, 2003. TennCare enrollees began to call the transport line to request transportation services and the lines were constantly busy or they never could get an operator to answer.

UTILIZATION REVIEW AND PRIOR AUTHORIZATION DECISIONS MADE ONLY BY QUALIFIED PERSONNEL

During this period, OCDC issued six (6) On-Request Reports to the various MCOs regarding a utilization review study conducted by TennCare's Quality Oversight for services provided to enrollees in 2002. Each MCO had to submit five (5) medical records and OCDC performed follow-up activities to ensure compliance with this request. Quality Oversight reported 100% compliance on the part of all MCOs that were identified to submit this report. However, the audit to determine whether utilization review and prior authorization decisions are made only by qualified personnel is still an on-going process which is being conducted by the External Quality Review Organization (EQRO).

MONITORING FOR PROVIDER NETWORKS DEFICIENCIES

The Provider Networks Unit of TennCare issued thirty-one (31) provider network deficiency notices and request for corrective action to nine (9) MCOs and one (1) dental benefit manager. OCDC tracked and monitored receipt of thirty-one (31) Corrective Action Plans (CAPs) for provider network deficiencies noted in various counties and specialties. The reports were received in a timely fashion and approved.

REVISION OF THE EPSDT TRANSPORTATION ASSISTANCE PROVISION

During the prior reporting period, OCDC completed the initial revision to the EPSDT Transportation Assistance provision. During this reporting period, OCDC continued to work with the TennCare Office of General Counsel and a June 4, 2003 DRAFT was revised. OCDC shared this version of the policy with the State of Tennessee's Attorney General's Office and the Centers for Medicare Medicaid Services in Atlanta for continued revisions and final approval of this essential provision.

On June 25, 2003, OCDC received a conference call from CMS officials in Atlanta, GA regarding the 06/04/03 Draft Revision of this policy. CMS officials recommended only 3 revisions. OCDC will continue to work with all approving authorities to finalize this new policy.

The Bureau of TennCare had received reports from some of the MCOs that they had experienced problems transporting young EPSDT enrollee's without the accompaniment of an attendant with legal authority to sign for the enrollee for

medical care to be delivered. Sometimes this proved to be a useless transport for everyone. TennCare was sensitive to all parties regarding this provision and thus embarked to modify the requirement to make it more workable for everyone involved.

EPSDT DIRECTIVE ANALYSIS

An analysis of all directives issued by the TennCare Solutions Unit for this reporting period is provided in a series of graphs. **(See Attachment D)**

In Davidson County on June 1st the procedure for accessing transportation for TennCare patients changed dramatically. The Davidson County Community Service Agency (DCCSA) operated by staff of the Lentz Health Department stopped handling transportation services on May 31, 2003 for 12 Middle Tennessee counties in addition to Davidson County. Immediately the Bureau of TennCare received various complaints primarily from TennCare enrollees, advocates, providers, the Tennessee Justice Center and the Governor's Office

The closing of the Davidson County Service Agency (DCCSA) was known for months in advance. The Mid-Cumberland Community Service Agency (MCCSA) assumed the services that had previously been provided by the DCCSA. Mid-Cumberland had approximately two months prior notice to hire and train additional staff, purchase needed equipment and basically gear up their services for the June 1st start date. Despite the entire advance planning by MCCSA they under estimated the workload they would be assuming on June 1st.the number of incoming telephone calls from enrollees requesting transportation services on June 1st overloaded their telephone system. Also, Mid-Cumberland could not generate the trip manifests in an expeditious manner to the various transportation vendors because they did not have the basic demographics for all the new TennCare enrollees that they assumed on June 1st loaded into their database. However, during the month of June none of the MCOs had to implement any procedures to make referrals to other transportation vendors to ensure their enrollees were transported. Mid-Cumberland immediately contacted Bell South and ordered additional telephone lines be added to their system. Within a day or two, Bell South responded but instead of connecting the requested additional lines, the service representative actually reduced the number of incoming lines by mistake. Mid-Cumberland re-contacted Bell South immediately and ordered the service representative to return and this time connect the additional expansion lines which was completed. To finally resolve the problem, Mid-Cumberland hired an additional two new telephone operators, opened 19 new incoming phone lines, installed a telephone answering machine, and began to use two existing billing representatives to work as "floaters" to assist in answering incoming calls during peak telephone periods. The answering machine was added to permit callers during peak calling times to leave their name and telephone number and Mid-Cumberland staff would return their call when the call volume returned to a more normal manageable level. This would also help to eliminate callers from being held in queue waiting for long periods of time.

LIQUIDATED DAMAGES ASSESSED

Per Paragraph 101 of the John B. Consent Decree, TennCare reviews appeals filed under the TennCare Program to determine whether deficiencies or repeated violations necessitate financial penalties upon managed care contractors which have inappropriately denied EPSDT services to children.

During this period, liquidated damages were assessed for two separate EPSDT enrollee cases and in both instances, the enrollee received the services as directed by the TennCare Solutions Unit. **(See Attachment E)**

Mental Health

TDMHDD/Office of the Medical Director (OMD) has implemented a new semiannual monitoring process. This process uses a randomized sample design accepted in the field of mental health research. A review of randomly selected mental health records of children and youth was done regarding the mental health services children are prescribed and those services actually received. A specific review of DCS Level II providers was completed during the second quarter of 2003. Baseline data indicates medical appropriateness for services/medications prescribed.

TennCare Solutions Unit

The TennCare Solutions Unit (TSU) is the medical appeal resolution unit for TennCare. During the six months covered by this report, the unit has continued to undergo quality improvements intended to create better efficiencies, produce more informative data and better support the unit in its medical decisions regarding appeals. TSU works closely with Schaller-Anderson of Tennessee, Inc. (SAT), the contractor responsible for performing all appeal related medical necessity evaluations and with internal units such as the Office of General Counsel and the Office of Contract Development and Compliance in carrying out its activities.

TSU-identified EPSDT issues
The following issues are the major EPSDT issues identified by the TSU during this six-month period.

1. Universal Care of Tennessee & West Tennessee MCOs: On June 1, 2003, Universal Care of Tennessee ceased serving TennCare enrollees throughout middle Tennessee. The TSU received a high number of requests for MCO change prior to the plan's closing and worked to ensure that enrollees received all medically necessary covered services throughout the transition to their new plan. In addition the unit has

experienced a higher than normal number of requests for MCO change from enrollees in rural West Tennessee. The latter is due to network differences and the desire of enrollees to choose a particular physician that they want.

2. TennCare Pharmacy Carve-Out: The TSU redesigned its pharmacy process during 4th quarter 2003 to ensure a smooth transition from the MCO to TennCare of the pharmacy appeals resolution process. As of July 1, 2003 the MCOs are not contracted to perform pharmacy services and thus are not involved in resolving appeals for pharmacy services. This required the TSU to prepare to perform the research and resolution functions previously performed by the MCO, within the first ten days following receipt of the appeal as per the Grier Consent Decree.

3. Dental: The TSU continues to work closely with Doral Dental and the TennCare Dental Director to coordinate the resolution of all appeals. During the six months covered by this report, the predominant issues, for dental appeals, continue to be for orthodontia and delays in service for children in state custody, the latter filed by advocates acting in behalf of the child.

4. Disproportionate number of pharmacy appeals related to allergy and respiratory products: These items continued to account for over 50% of all EPSDT pharmacy appeals. SAT medical and pharmacy staff have shared information on the top 10 pharmacy medications appealed for children with the TennCare Pharmacy Department, the Tennessee Pharmacy Association as well as with all of the plans in an attempt to address changes to the formulary. The overwhelming percentage of the top ten medications appealed for (for children), continue to be to address respiratory ailments.

5. Better coordination for children in state custody: The TSU continues to strive to increase communication and strengthen the relationship between the TSU and the advocacy group for children in state custody. The two groups, along with a DCS representative continue to meet to discuss individual appealed cases and their resolution as well as broad over-arching issues. The advocates and the TSU conduct a weekly review of new appeals to ensure that all are being reviewed timely and completely. Appeals are predominantly filed by the advocates and case managers, although recently there has been an increase in the number of appeals filed by DCS against the BHO for delays in service.

TSU Summary of reports

The Schaller-Anderson reports attached provide data on EPSDT related appeals activity during the second six months of 2002 and are specific to type of appeal, appeal totals per plan and in the aggregate.

1. Overall EPSDT Appeals by Month
   Details the number of appeals in the aggregate for each of the 6 months. The number of appeals peaked in April 2003 and then began to decline as Universal Care enrollees received information concerning their planned move to TennCare Select.

2. EPSDT Area of Appeals
   Details the types of appeals by volume. Pharmacy represents the largest type of appeal as is also true for adults. ProLaw has identified MCO Change Appeals as the second largest type followed by reimbursement and billing appeals. Pharmacy, MCC Change and Reimbursement and Billing appeals represent 89% of all appeals received a decrease from 92% in the last half of 2002. The largest change is in the area of MCO change appeals. This area dropped from 37% of all appeals to 30%. The change is attributable to the closing of Universal Care. DCS appeals increased from 309 (2% of all appeals) to 424 (3% of all appeals), while BHO appeals decreased from 2% to 1%.

3. EPSDT appeals per 1,000 TennCare Enrollees by MCO
   Details the number of appeals by plan per 1,000 enrollees for each of the six months. Universal Healthcare continued to represent a disproportionate number of appeals both for medical & pharmacy services as well as for MCO change appeals

4. Top 10 EPSDT Medications
   Details the number of appeals by drug (in the aggregate). The majority (more than 50%) of the top 10 drugs appealed for are for allergy/respiratory related diagnoses (Zyrtec, Claritin, Flonase etc.). This report has been shared with the TennCare pharmacy staff as they develop the Preferred Drug List for the Pharmacy Carve-out.

5. EPSDT Enrollment by MCO by Region
   Details the age under 21 (EPSDT) enrollment percentages for each plan across the state (not appeals). As is expected, the plans with the highest overall enrollment also had the highest percentage children (BlueCare and TennCare Select). TennCare Select, which is statewide, increased from 21% to 23% of all EPSD&T enrollees.

6. EPSD&T Appeal types
   Details numbers of EPSDT appeals segregated by type; Pharmacy, Standard and Expedited. The designation of expedited is determined by

the enrollee. Overall the number of appeals declined from the last reporting period (14,513 decrease to 12,882). Decreases were reported across the board in every category.

7. EPSDT Appeals per 1,000 by Month by Region
Details the number of appeals by region of the state. The report is also laid out so that the grand regions of the state are grouped together from West to East. This chart further verifies the increase in appeals caused by requests for MCO change in middle Tennessee as a result of the continued problems with Universal and with network differences in rural West Tennessee.

(See Attachment F)